· ·	, <i>i</i>		\$ 353	-00	201	Hirwie	<u>ا</u>	
		R FILE WRAPPER CON' I UNDER 37 C.F.R.		Docke	umber: P-W			
	of ZEhjen	Cel Classification Application:	Prior Application:		:	08/078768		
Class 1993 Subclass				Examiner L. Martinell		Unit 05		
B	HON. COMMISSIONER OF PATENTS AND TRADEMARKS Box FWC Washington, D.C. 20231 Sir:							
This is a request for filing a continuation-in-part continuation divisional application under 37 C.F.R. 1.62, of prior application Serial No. 07/633,452, filed on December 20, 1990, entitled OLIGONUCLEOTIDE THERAPEUTIC AGENT AND METHODS OF MAKING SAME by the following named inventor(s).								
20	Full Name Of Inventor		First Name		Middle Name			
	Residence & Citizenship		State or Foreig	-	ountry of Cit	izenship		
	Post Office	Post Office Address	city st	ate Or Countr	гу	Zip Code		

6	Full Name Of Inventor	Last Name	First Name		Middle Name	
2		TULLIS	RICHARD		н.	
0	Residence & Citizenship	city LEUCADIA A	State or Foreign Country CALIFORNIA		Country of Citizenship UNITED STATES	
	Post Office Address	Post Office Address 1320 SAXONY ROAD	City LEUCADIA	State Or Cou	•	Zip Code 92024
2	Full Name Of Inventor	Last Name	First Name		Middle Name	
0 2	Residence & Citizenship	city	State or Foreign Country		Country of Citizenship	
	Post Office Address	Post Office Address	City State or Cou		ntry	Zip Code

The above identified prior application in which no payment of the issue fee, abandonment of, or termination of proceedings has occurred, is hereby expressly abandoned as of the filing date of this new application. Please use all contents of the prior application file wrapper, including the drawings, as the basic papers for the new application. (Note: 37 C.F.R. 1.60 may be used for applications where the prior application is not to be abandoned.)

1. \_\_\_\_ Enter the amendment previously filed on \_\_\_\_\_ under 37 C.F.R. 1.116 but unentered in the prior application.

2. \_\_\_ A preliminary amendment is enclosed.

The filing fee is calculated on the basis of the claims existing in the prior application as amended at 1 and 2 above.

	Number filed	Number Extra	Rate	Fee
Total Claims	10 - 20		11 X 22	
Independent Claims	3 - 3		37 X 74	
Multiple Dependent Claim	Yes	X No	115 230	
P 30005 08/31/9 Basic Fee	3 08078768	03-0370 030 203	355 1710000	\$355.00
		Total Filing	Fee	\$355.00

. X A check in the amount of \$775.00 is enclosed, \$420.00 of which covers the fee for the three-month extension of time.

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(SIGNATURE OR PERSON MAILING PAPER OR FEE)